



MEDICATION POLICY

Principle:

- Parks & Recreation Staff will supervise the children taking their medication with written approval of the parent and an order from a health provider for a specific child or a specific condition for any child in the camp for whom a plan has been made and approved. If the medication is considered an emergency medication, please clearly identify so on the Permission to Supervise/Administer Prescription and Non-Prescription Medication Form.

Procedure:

- The proper medicine, dosage, time, and frequency will be supervised. Any form of medication will NOT be administered by anyone on staff unless written consent has been provided by the parents.
- The Camp Director will supervise the child taking his/her medication only if the parent or legal guardian has provided written consent and the medication is available in an original labeled prescription or manufacturer's container.
- For prescription medications the, parents or legal guardian will provide caregivers with the medication in the original, child-resistant container that is labeled by a pharmacist with the child's name, the name and strength of the medication, the date the prescription was filled, the name of the health care provider who wrote the prescription, the medication's expiration date and instructions for administration, storage and disposal of the medication.
- For non-prescription medications, parents or legal guardians will provide caregivers with the medication in the original, child-resistant container that is labeled with the child's first and last name and includes specific, legible instructions supplied by the manufacturer for administration and storage of the medication.
- Instructions for the dose, time, method and duration of administration of prescription medication will be provided to the child care staff in writing by a physician or other person legally authorized to prescribe medication. Instructions which state that the medication may be used whenever needed will be renewed by the physician at least annually.
- A physician may state that a certain medication may be given for a recurring problem, emergency, or chronic condition. The instructions should include the child's name; the name of the medication; the dose of the medication; how often the medication may be given; the conditions for use; and any precautions to follow.
- Any medication classified as an emergency medication may only be administered if the parent or legal guardian has provided written consent for the staff to do so. If the staff has any questions about how to properly administer the emergency medication, we ask that the parent or legal guardian talk to the staff to make sure procedures are followed accordingly. In the event an emergency medication is needed EMS will be contacted, a certified lifeguard will report to the scene and a camp staff member will remain with the child and the camp director will notify the parents immediately.
- Medication will be kept at the temperature recommended for that type of medication, in a sturdy, child-resistant, locked container that is inaccessible to children and prevents spillage.
- A medication log will be maintained by the Camp Director to record the instructions for giving the medication, consent obtained from the parent or legal guardian, amount of medication to be administered, the time of administration and the persons who administered each dose of medication. Spills, reaction, and refusal to take medication will logged be accordingly.



**PERMISSION TO SUPERVISE/ADMINISTER
PRESCRIPTION/NON-PRESCRIPTION MEDICATION**

The Falling Springs Staff has my (*Parent/Guardian's Name:* _____)

permission to give (*Child's Name:* _____) the following medication:

Medication #1:

Name of Medication _____

Dosage: _____ Time(s) of Dosage: _____

Start Date: _____ End Date: _____

Possible side effect or symptoms of an allergic reaction: _____

Medication #2:

Name of Medication _____

Dosage: _____ Time(s) of Dosage: _____

Start Date: _____ End Date: _____

Possible side effect or symptoms of an allergic reaction: _____

Medication #3:

Name of Medication _____

Dosage: _____ Time(s) of Dosage: _____

Start Date: _____ End Date: _____

Possible side effect or symptoms of an allergic reaction: _____

I have been provided a copy of the Parks & Recreation Medication Policy and understand and agree to provide all documentation included within said policy. I understand and agree to all procedures of the Medication Policy and I release the Versailles-Woodford County Parks & Recreation Department and its staff from any liability when administering this medication.

(Parent/Guardian Signature)

(Date)

(Parent/Guardian Printed Name)

